

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

1

2

3

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47

48

49

50

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

13

14

14

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS